NOTICE OF FEE DUE

DATE:	02-0'f-6'				
TO:	Missinp p	lants			
FROM:	Office of Initial Patent Exam	ination			
SUBJECT	Fee Duc				
APPLICAT	TON NUMBER:	·			
Office for the authorization	for the attached document sume following reason. Please change a deposit account. ppropriate fee. If an authorizationcy.	neck the applicat If an authorizat	ion for the	appropriate ent, please	
Insufficie	ent fee by check C				ı
□ Insufficie	ent funds in deposit account	•	·		
□ Declined	credit card				
Non author	orization for charge to deposit	account			:
□ No fee su	bmitted per requirement			•	
	ķ				
The correct fe	ee code: <u>12254</u>	amount	. \$	7-95	
The suspended fee code: 197		amount	- \$		<u> </u>
Fee Due		amount	=\$	30	
If you have an Bleanor Kurtz	y questions, please contact Cy at 703-308-3642.	nthia Streater at	703-306-	5430 or	

Terminal Operator